

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 STATE MEDICAL BOARD
6

7 MINUTES OF MEETING
8 Thursday, September 17, 2020
9

10 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a video-conference
11 meeting of the Alaska State Medical Board was held on Thursday, September 17, 2020.
12

13 **Thursday, September 17, 2020**
14

15 **1. Call to Order/ Roll Call**

16 The Chair called the meeting to order at 4:00 p.m.
17

18 **Roll Call**

19 Board members present, constituting a quorum:
20 David Boswell, Public Member (Secretary)
21 Larry Daugherty, MD
22 Maria Freeman, MD
23 Christopher Gay, MD
24 Lydia Mielke, Public Member
25 Steve Parker, MD
26 Richard Wein, MD (Chair)
27

28 Ms. Bigelow Hood was not in attendance.
29

30 Board staff:

31 Alysia Jones, Executive Administrator
32

33 Visitors present for portions of the meeting:

34 Dr. Alok Jain
35 Dr. Dacelin St. Martin
36 Christopher Dietrich, President-Elect, Alaska Association of Physician Assistants
37 Wendy Smith, PA
38 Thomas Meyer, Anchorage Fire Department
39 Eugene Wiseman, EMS Officer I, Alaska Department of Health and Social Services
40 Richie Berndt
41 Andrew Cuthbertson
42 Ashley Westbrook
43

44 **2. Review Agenda**

45 The board reviewed the agenda.
46

47 **On a Motion duly made by Dr. Wein, seconded by Dr. Daugherty, and approved**
48 **unanimously by acclimation, the Board approved the agenda as presented.**

1 **3. Review/Approve the August 20-21 Meeting Minutes**

2 The board reviewed the meeting minutes from the August 20-21, 2020 meeting. Ms. Mielke noted a
3 misspelling of her name on page 11 of the document. Ms. Jones noted the typo and responded that she
4 would correct it.

5
6 **On a Motion duly made by Dr. Parker, seconded by Dr. Gay, and approved**
7 **unanimously, the Board accepted the minutes of the August 20-21 meeting with the above-**
8 **mentioned correction.**

9
10 **4. Board Interviews**

11 Dr. Alok Jain was present to discuss his application with the board and requested the interview be
12 conducted in executive session.

13
14 **On a motion duly made Dr. Daugherty, seconded Mr. Boswell, and approved**
15 **unanimously, the Board entered into executive session in accordance with AS 44.62.310(c)(2)**
16 **and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing the**
17 **application of Dr. Jain with the board executive administrator remaining during the session to**
18 **provide technical support, and Dr. Jain being invited to join the session at such time the board**
19 **requests his presence.**

20
21 The Board went off the record at 4:13 p.m. Dr. Jain joined the board at 4:16 p.m. The Board went back
22 on the record at 4:21 p.m.

23
24 **On a motion duly made by Dr. Gay seconded by Mr. Boswell, and approved by a**
25 **majority vote the board granted a full, unrestricted to Dr. Alok Jain.**

26
27
28 Dr. Jain left the meeting. As Dr. Masi was not in attendance, the Chair requested the board move
29 forward on the agenda to the next interview.

30
31 Dr. St. Martin was present to discuss his application with the board and requested the interview be
32 conducted in executive session.

33
34 **On a motion duly made Dr. Gay, seconded Dr. Parker and approved unanimously, the**
35 **Board entered into executive session in accordance with AS 44.62.310(c)(2) and Alaska**
36 **Constitutional Right to Privacy Provisions, for the purpose of discussing the application of Dr.**
37 **St. Martin with the board executive administrator remaining during the session to provide**
38 **technical support, and Dr. St. Martin being invited to join the session at such time the board**
39 **requests his presence.**

40
41 The Board went off the record at 4:28 p.m. Dr. St. Martin joined the board at 4:32 p.m. The Board went
42 back on the record at 4:40 p.m.

43
44 **On a motion duly made by Dr. Freeman seconded by Dr. Gay, and approved by a**
45 **majority vote the board granted a full, unrestricted to Dr. Dacelin St. Martin.**

46
47 Dr. St. Martin left the meeting.
48

1 **5. Correspondence Received**

2 The board reviewed the following correspondence received:

- 3 • **Letter in support of in-state internship for paramedics** – The Board expressed their
4 understanding and appreciated Anna Bruce’s comments and perspective.
5
- 6 • **Request for follow up on in-person periodic assessment requirements for collaborative**
7 **agreements** – The Chair indicated that he would like additional information regarding Dr. Evans
8 travel and noted that the request would require a regulation change. There were no further
9 comments.
10
- 11 • **Update from FSMB USMLE Step 2 CS examination** – Ms. Jones confirmed that the ASMB
12 regulations reference the USMLE examination series and Steps, but not specifically “Step 2 CS”.
13 Ms. Jones offered to reach out to FSMB for additional guidance on how best to proceed.
14
- 15 • **Request for licensure extension** – The Board reviewed a request from James Thompson for
16 paramedics working with Alyeska pipeline. The Chair asked what barriers are they facing that
17 they cannot complete renewal during the regular timeframe.
18
- 19 • **Correspondence from AKAPA** – The Board reviewed a letter from Mr. Christopher Dietrich,
20 President-Elect of the Alaska Academy of Physician Assistants expressing AKAPA’s support of
21 remote monitoring being appropriate for PAs and physicians. Ms. Jones confirmed that Mr.
22 Dietrich was present and planned to testify during public comment.
23

24 **6. Public Comment**

25 The Chair invited Christopher Dietrich to address the board.
26

27 Mr. Dietrich addressed the board: Hi there. My name is Chris Dietrich, and I'm a PA, I'm the President
28 Elect for the Alaska Academy of physician assistants. I also work in psychiatry, I am wearing a lot of
29 different hats that I work with Department of Corrections to and a couple other boards and different
30 things but the big thing is now – I mean we're conducting a meeting right now by virtual means and this
31 is kind of the common thing and a way of supervision in a way of, you know, advocating for what we're
32 doing. We're hoping the interpretation of that language is that you have providers that are not always
33 on site with their collaborator and we're doing periodic assessments. If we do direct supervision, where
34 they have to be face to face, or in person. I think there's a great risk number one with COVID. I also think
35 there's a great risk with rural medicine. You've got patients that we're seeing, for example, like today, I
36 saw someone in Bethel. If I was a provider primarily out in Bethel and my collaborator was an Anchorage
37 and now I have to physically go back into Anchorage or another place. I mean that's a concern.
38

39 Chair Wein responded: Believe it or not, you might actually be speaking with the choir here in that I
40 think that in our prior board discussions we do have an agreement, and I think that we do need to
41 discuss the definition of conducting oversight via other methods and a direct method. But the important
42 thing is we have to understand also as part of that what the definition of remote is it from a Physician
43 who is dealing with people up north or is it some physician in in North Carolina. And so we do have a
44 little work in order to define I'll call it this new era of telemedicine and “Zoom-ology”. I think you're right
45 on target and it is a topic that I don't think we're going to define it tonight, but I think that we can make
46 it an agenda item. In an effort to move these things forward now in asking, I have to ask our executive
47 administrator Alysia Jones, whether this would require a regulation change or what type of movement

1 from the board. It's not as though we can wave our wand, we would probably have to do some type of
2 regulation project or something like that. So, if you could explain that to Mr. Dietrich that would be fine.

3
4 Mr. Boswell state: I have a question for Mr. Dietrich but I would like to kind of get his take on in in as we
5 less than the restrictions for instance this. What is your opinion about PAs that are brand new to their
6 field and are just being supervised for the first two to two to four years versus a PA who've been
7 practicing for five to 10 years and are very comfortable and very competent. Is there any need for any
8 sort of a loosening of restrictions over time, or is this something that you think it's fine straight out of PA
9 school. Should it be a one size fits all?

10
11 Christopher Dietrich responded: Well, you know, for, for each practice, I think, is different. And different
12 for how that supervision should occur. Working in psychiatry is different than working in an emergency
13 room setting or an urgent care room setting. So, I think that has to [audio cut out], but I would say the
14 supervision – the current hours and stuff - I feel like it is very appropriate when you're establishing
15 collaborative plan and new one, just out of PA school that Alaska has. I think it doesn't necessarily
16 require the in person. Part of it depending on that setting. So, I think there's some logistics there that
17 have to be kind of be standardized to the practice environment, you know, versus compared to being
18 specific to just a new graduate PA. I don't know if that makes sense, but I think it changes things a little
19 bit and so that's where you kind of look at what we're where's that person working at and what is the
20 expectation with that physician who's in that collaboration agreement with their training and so I think
21 that's a component

22
23 Chair Wein stated: I appreciate what you're saying and it indicates that there's some real nuance in
24 some of these changes that the board will be considering within the future and I can assure you that we
25 will take it up because it is something important, especially in our vast state. So, and, believe it or not,
26 there are going to be a lot of people who will be doing telemedicine in to our state. It's going to be
27 interesting, the nuance here for regulation. It will take a little bit of time, but I do agree that that the
28 conversation needs to happen and we need to define it to make life a little easier for you guys.

29
30 Christopher Dietrich stated: I Appreciate your guys' time. I was just going to say working in psychiatry, it
31 is a very underserved field across the country. And so, we're actually, for our practice, promoting the
32 mental health benefits, even to other states, while we're working here doing telemedicine. It's very
33 common. And now we're seeing that backwards achieve, trying to create stability and access to care for
34 behavioral health. It crosses over - you have out of state providers that are providing care to Alaskans,
35 but then we have the same thing going on backwards. We've got in state providers providing care to
36 Floridians and to New York and to Texas and to Arizona. And so, there's a component of people here
37 living in Alaska practicing doing the opposite to all these other states and it's a general need. You have a
38 93% shortage of mental health practitioners in this country across the board that's a huge number. So
39 how do you try to accommodate that. And this is the way we're doing it through telemedicine.

40
41 Ms. Jones confirmed that a regulation change would be required.

42
43 Chair Wein stated: I think it is worthy of discussion and we will get it on our agenda in the future to
44 craft those regulation changes to update to the current status and we look forward to your future input
45 on to this, and congratulations on being President Elect. Is there any other testimony, you'd like to give?

46
47 Christopher Dietrich: No. Thank you guys for your time. I appreciate it.
48 The Chair invited Ms. Smith to address the board.

1
2 Wendy Smith commented: I'm not sure I can contribute any more than what Chris has already alluded
3 to. I did want to encourage the board to reconsider face to face for physician assistant periodic
4 assessments and that is an interesting question that you asked earlier about length of practice. I do
5 think that Alaska has a pretty good plan for new grads in face to face contact, but that could also be
6 changed to something like this where we are required to have face to face contact and even chart
7 review. But, as Chris alluded psychiatry care is a little bit different than ER and each practice is
8 individual.

9
10 Chair Wein responded: It's understood and I do believe there will be additional nuance. What I would
11 invite you to do is to monitor us so when it becomes an agenda item and we discuss this, there might be
12 the opportunity for you to participate and perhaps offer some expertise so that's hopefully in the near
13 future.

14
15 Ms. Smith thanked the board for their time.

16
17 The Chair invited Mr. Meyer to address the board.

18
19 Mr. Meyer: Thank you very much. My name is Thomas Meyer, I am one of the training specialist of the
20 Anchorage Fire Department, formerly of the University of Alaska, Anchorage as the program director for
21 fire emergency services and before that, I worked for southern region MS Council as regional Training
22 Manager for MS quality and education South Central Alaska. I'm speaking today co-equally my opinion,
23 as well as the representative opinion of the Anchorage Fire Department regarding the matter of using
24 simulation to take the place of paramedic internship as been proposed by a colleague down the Kenai
25 Peninsula. The Anchorage Fire Department recognizes that the COVID environment is a challenging and
26 difficult situation to try and get students educated in. However, the importance of live patient
27 assessment and clinical skills cannot be overemphasized. To replace the entirety of a clinical internship
28 or a paramedic would represent a significant degradation, improving the paramedics competency when
29 they are placed in a field environment doing live patient care in the streets without a lot of oversight.
30 The Anchorage Fire Department feels that a 50% replacement of the requirements for internship would
31 be an excellent compromise recognizing the college's difficulty of getting placement for internship sites,
32 and would perhaps address 07 AAC 26.172, which calls out the 10 types of patient contacts that each
33 paramedic student must have during their internship. Perhaps five of each of those could be replaced
34 with simulated cases and then some sort of compromising number of hours be replaced. Instead of 480
35 perhaps 240 hours of internship would also be amenable in recognizing the difficulties of the current
36 environment. Furthermore, this stance is consistent with other medical practices such as RN or PA,
37 which have not abdicated their responsibility of healthcare professionals to do live patient care prior to
38 being licensed and sent out to do patient care in the streets and we again would like to reiterate that
39 removing internship requirements does degrade the overall quality of the student on the far end. Our
40 last concern is setting a precedent for future if the board stands now, and says, we will remove this
41 requirement, what next item will come up, it will require reduced requirements by reducing the number
42 of patient care contacts and hours would the board ever consider a wholly online no patient contact
43 paramedic to be in the best interest in health care of the citizens of Alaska.

44
45 Dr. Parker asked: Do we know for sure that did the simulations lead to a lesser outcome? And one of the
46 other options was to do these simulations and then have the EMT travel with a more experienced
47 person. Would that be a reasonable option?
48

1 Mr. Meyer responded: In my experiences, both the University of Alaska educator and a paramedic
2 educator here at the Anchorage Fire Department, the high-fidelity mannequins and simulation
3 requirements have a distance limitation, they do require Wi Fi accessibility. So, you can do some
4 outdoors type work where you could a mannequin out in a field or you put them out in an outdoor
5 environment, as long as they have access to Wi Fi. Because the computer system required to both
6 manage these mannequins and do the recordings necessary to review and oversight these, is quite
7 robust. So, you can have a very simple - call it a moderate fidelity simulation. But in order to do the high-
8 fidelity simulation, you need the more robust computer programs. So, there's been quite a bit of
9 research, Dr. Parker on whether high fidelity simulation is just as good as patient contact and without
10 diving into the entirety of the research provided, yes high fidelity simulation can replace in part patient
11 contact, it does represent a very high quality of education, but I think it would be wise to be cautious of
12 replacing an entire paramedic internship without seeing how the paramedic handles real life situations
13 in real time with real people having oversight and safety net by a more senior paramedic.

14
15 Mr. Boswell asked: What is the capacity of the Anchorage Fire Department for doing this type of training
16 and are you currently training any students during the COVID scenario?

17
18 Mr. Meyer responded: For high fidelity simulation, the Anchorage Fire Department has none

19
20 David Boswell asked: So, so these paramedics have no means of being trained in state if Anchorage isn't
21 training any?

22
23 Mr. Meyer stated: I don't want to cross borders here. The Anchorage Fire Department does not have a
24 high-fidelity simulation center. The Mat-Su community college paramedic program has a high-fidelity
25 simulation center, the Kenai Peninsula College has a high-fidelity simulation center, and the University of
26 Alaska, Fairbanks all have high fidelity simulation centers.

27
28 Mr. Boswell asked: What about the live training?

29
30 Mr. Meyer responded: Internally hired employees do go through a paramedic internship here at the
31 Anchorage Fire Department, but they have all of the fire departments personal protective equipment in
32 order to interact with COVID patients.

33
34 Mr. Boswell stated: I'm talking about student training - does the Anchorage Fire Department do any
35 student training in state?

36
37 Mr. Meyer responded: Currently, no, because the students do not have the adequate PPE to interact
38 with COVID patients in a COVID environment.

39
40 Chair Wein asked: Why don't they have adequate PPE?

41
42 Mr. Meyer responded: You would have to ask the colleges why they have not elected to expend the
43 resources to pay for things like
44 PAPRs and other PPE devices of that magnitude. The Anchorage Fire Department uses PAPR devices
45 which are approximately \$1,500 dollars.

46
47 Dr. Gay stated: We [The Board] had the sense that there is a sense of urgency that we don't have
48 enough paramedics in the state. And I was wondering Mr. Meyer, if you have a sense that we are on the

1 verge of a shortage of paramedics, and if we don't produce a group of students in the very near future
2 we're going to run out of paramedics to be available. What, what is your sense of that?

3
4 Mr. Meyer responded: It's difficult to speak to that directly. In another lifetime I was the president of
5 the Paramedic Association of Alaska, but I have not been the president for quite a while. By and large, I
6 can tell you the Anchorage Fire Department has a routine turnover of paramedics that we require a
7 pretty consistent infusion of paramedics to come in and replace our retirements that is both due to
8 paramedic turnover, as well as officer turnover. So oftentimes these paramedics promoted into officer
9 positions that are no longer filling line per minute roles. So yes, we do require an infusion, but we are
10 preparing to hire right now and I believe the application close between four and 800 people to apply for
11 approximately 30 jobs. So, there isn't a lack of interest in people becoming members of the fire
12 department. We do you need to have a continuous supply of paramedics. In our most recent academy
13 with hired seven paramedics out of 21 people to join the department. So, a third of our new higher class
14 was paramedics in the last application pool. So yes, we do need UAF and Kenai Peninsula and Mat-Su
15 college to continue to produce preferably Alaska grown paramedics to fill Alaskan jobs, both at the
16 Anchorage Fire Department and in other communities. But I don't foresee ambulances are going to stop
17 running tomorrow if we don't have paramedics tomorrow. I think a protracted internship period could
18 bridge the gap between meeting the clinical requirements and providing an excellent product with you.

19
20 The Chair asked Dr. Daugherty to comment.

21
22 Dr. Daugherty stated: I think the Board is well aware of where I stand on this issue. I appreciate Mr.
23 Meyers perspective and experience that he brings and I know it's a delicate issue, particularly in light of,
24 these young students who are now in a tough spot and parents who are writing letters and
25 understandably worried about their kids, but I would just ask the Board to, again, remember that our
26 responsibility lies not number one with these students or with the parents but with the future patients.
27 And in a similar vein, if you want to be a pediatric neurosurgeon or some other niche in medicine,
28 unfortunately, that might mean that you may not have the caseload in Alaska and you might need to
29 travel to get the clinical experience in an era where that clinical experiences unfortunately not available.
30 I don't think the shortcut is to say, well, we'll just grant you a license anyway. And, as Mr. Meyer stated
31 there's not really a precedent for that in other medical fields. And so as unfortunate as it is, I remain
32 against the proposal as written. I do think some sort of a hybrid discussion as outlined by Mr. Meyer
33 sounds much more reasonable. And I've had offline discussions, both with Mr. Perry, as well as with
34 Alysia and others about this and I know that they're working on creative solutions above and beyond
35 that which we were presented and my hope is that Mr. Perry is working with the state EMS division to
36 try to create some sort of a workaround that would not actually even require a medical board decision.
37 Those are my thoughts.

38
39 Dr. Parker asked: If they had the proper protective equipment Anchorage would be willing to potentially
40 train them? The second part of my question would be, again, if they went through the simulated
41 training, could they for a period of time ride with a more experienced paramedic someone who's been
42 around a long time, and it can help them develop the live skills they need?

43
44 Mr. Meyer responded: Dr. Parker to your first issue of if they have the appropriate level of protective
45 equipment - yes. The ability for them to ride on an ambulance would be much improved, I would have
46 to seek final approval from the chief of the Anchorage Fire Department. I could not universally grant
47 that permission, but I am the lead person for internship assignment within the Anchorage Fire
48 Department and with the appropriate PPE of equivalent level to current responders and the Anchorage

1 Fire Department, we would be open to those students coming and doing internship rides with us and
2 what you described with writing with a more senior paramedic is the internship process. So, we
3 absolutely support the concept of if want to do simulation and use simulation for part of the
4 requirements, great, but a face to face live patient contact internship, we feel is an important and
5 integral process in becoming a paramedic in the streets.

6
7 Mr. Boswell asked: To follow up then, is Anchorage the only city in Alaska that would provide all of the
8 varied types of calls or are there other ambulance services in Fairbanks, and Wasilla, in the Mat Su, or in
9 the Kenai Peninsula? Would any of them be able to provide all of the necessities in order to achieve
10 what their current requirements - I know they go to big cities in the lower 48 in order to get more of
11 those quicker. Are they all available or would they be or would they be spending so much time that it's
12 unrealistic to do the internship here?

13
14 Mr. Meyer responded: Mr. Boswell, I think you hit it on the head with the second piece of the equation.
15 If we were to assume that there were 10 students in each of the three paramedic programs in Alaska,
16 that would be 30 students. The Anchorage Fire Department runs approximately 35,000 calls a year and
17 each of the students required 480 clinical hours plus 10 of each of the specific types of calls listed out in
18 07 AAC 26.172. This would represent very challenging times for them for all those students come to
19 AFD. In addition to that, the further you move away from the Anchorage Fire Department, the more
20 drastically call volume drops off. So, students in in the Mat Su or students in Kenai Peninsula and in
21 Fairbanks, it may require them a significantly longer time to meet all these requirements, which is why
22 traditionally paramedic schools have sent their students to other states to meet these requirements in a
23 more consistent manner with a college semester and in the 480 our requirements.

24
25 The Chair thanked everyone for their comments and questions.

26 27 **7. Update Paramedic Licensure Requirements**

28
29 **7. A. Revised Proposal for Internship Requirements** - The Chair invited Mr. Eugene Wiseman from the
30 Alaska Department of Health and Social Services EMS Office to provide an update on the previously
31 heard proposal regarding paramedic internship requirements. Mr. Wiseman explained that the students
32 have been assigned to Mat Su, Nikiski, and Kenai Peninsula and that they plan to use simulation to offset
33 the call volume or types of patients that they may not obtain. 7 AAC 26. 172 requires 10 trauma, 10
34 cardiac, 10 respiratory, and 10 general medical and simulations will be used to augment but the 480
35 hours of internship will occur in state. Mr. Wiseman and Ms. Jones confirmed that the modification does
36 not require any regulation changes and/or waiver from the State Medical Board.

37
38 **7.B. CME Guidelines** - Ms. Jones explained that the board had received requests for clarification of
39 paramedic continuing medical education (CME) requirements following the issuance of the Board's
40 Order to reduce CME requirements for the current licensing period by fifty percent.

41
42 At the August quarterly meeting, the Board requested Ms. Jones reach out to subject matter experts to
43 revise the current version of the *CME for Paramedic Renewals* guideline. With the assistance of Mr.
44 Wiseman and EMS Office Manager Todd McDowell, Ms. Jones presented a revised draft of the
45 guidelines for the board's consideration.

1 **On a motion duly made by Dr. Daugherty, seconded by Ms. Mielke, and approved**
2 **unanimously, the board adopted the revised *CME for Paramedic Renewals* guidelines as**
3 **presented.**

4
5 The board agreed to suspend the rules to allow Mr. Meyer to speak.

6
7 Mr. Meyer commented: The Anchorage Fire Department would like to thank both Mr. Wiseman and the
8 Board for this action. It has removed a humongous burden on the department which employs over 100
9 paramedics, and I would just like to thank each and every member of the Board individually for making
10 this decision, it definitely helps our paramedics continue to deliver high quality healthcare in the system.

11
12 **8. Update Professional Fitness Questions**

13 Ms. Jones stated that follow the Board's approval of the revised professional fitness questions at the
14 August quarterly meeting, she requested review of the proposed changes by the Department of Law.
15 Ms. Jones relayed that Assistant Attorney General Megyn Weigand suggested further revisions or
16 removal of question #20 because it was still too board and did not relate to an applicant's ability to
17 practice safely.

18
19 The board reviewed the question, considered Ms. Weigand's comments.

20
21 **On a motion duly made by Dr. Parker, seconded by Dr. Freeman, and approved by a**
22 **majority, the board adopted the proposed updates to the professional fitness questions as**
23 **presented.**

24
25 **With Dr. Daugherty, Dr. Freeman, Dr. Gay, Ms. Mielke, Dr. Parker, and Dr. Wein voting "Yes"**
26 **and Mr. Boswell voting "No".**

27
28 Ms. Weigand joined the meeting.

29
30 Chair Wein asked about guaranteeing confidentiality for medical records. Ms. Weigand explained the
31 public records act and what qualifies as medical records under HIPAA.

32
33 The board reviewed a proposed draft of professional fitness questions for the renewal application. Ms.
34 Jones stated that the questions had been reviewed by the Investigative Unit and Ms. Weigand.

35
36 **On a motion duly made by Dr. Daugherty, seconded by Dr. Parker, and approved**
37 **unanimously, the board adopted the proposed updates to the professional fitness questions**
38 **for renewals as presented.**

39
40 The Chair commented that he attended the first PDMP Board Chairs meeting and encouraged the board
41 to bring questions forward to share with the PDMP work group.

42
43
44 **9. Adjourn**

45 There being no further business, the meeting adjourned at **6:26 p.m.**

1 Respectfully submitted:

2

3

4 /s/ Alysia D. Jones

5 Alysia D. Jones, Executive Administrator
6 Alaska State Medical Board

7

8 10/18/2020

9 Date

Approved:

/s/ Richard J. Wein, M.D.

Richard Wein, MD, President
Alaska State Medical Board

October 19, 2020

Date